COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

IN RE: HOME HEALTH TECHNICAL ADVISORY COUNCIL

SPECIAL-CALLED MEETING

July 14, 2020
11:00 A.M.
(All participants present via Zoom)

APPEARANCES

Billie Dyer
CHAIR

Annlyn Purdon
Susan Stewart
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(Court Reporter's Note: At the request of DMS, participants will not be listed under Appearances unless they speak during the meeting.)

AGENDA

1. Update on supplies limits

2. Telehealth/Remote Monitoring - NP & PA orders for home health - Is there any update on making these permanent and how can the Association assist in that process?

3. EVV Update

Adjournment

MS. DYER: We really have a fairly short agenda. So, I know Evan has been serving on a committee that you probably can really help speak up on some of these things that we have on here.

Missy Stober can't be with us. I was off last week and I guess I lost my mind to go check about the meeting and didn't send it out. So, thank you, Evan, for doing that yesterday. I appreciate that.

So, again, we have on here - and I think this is one of the driving forces for asking for the called meeting today, too - is I'm not sure that we still have the issue on supply limits, supply limits resolved.

MS. STEWART: And that's on me this time because I'm supposed to send some examples out and I'm kind of a hostage at home. So, I'm struggling to get what I need remotely. So, just leave it there and I will continue to work on it.

MS. DYER: We'll pick it back up in August, then.

MS. STEWART: That's fine.

MS. DYER: Number 2: Telehealth remote monitoring - nurse practitioner and PA orders

for home health. Is there any update on making these permanent and dhow can the Association assist in that process? Evan.

MR. REINHARDT: I think just straightforward, we're just keeping this on the radar just like the supplies' issue. We would really like to consider or have the Administration consider and obviously suggested that they're really in favor of looking at this. We just want to keep it on the radar and make sure that if there's any steps that we need to help take along the way, we're happy to help.

If we want to draft something and put it together, we'd be happy to submit it, but that's really the gist of it. We wanted to keep this one moving forward. So, we're happy to do whatever we can to make that happen.

MS. STEWART: And from an end user perspective, that's really key because referral sources don't understand that that they can give a Medicare referral but they can't give a Medicaid referral. So, we're getting some push back there.

MS. DYER: Do you want to explain that just a little bit, Susan?

MS. STEWART: And I could be

off base. CMS allows the nurse practitioner and the PA to do that now and, to my knowledge, Medicaid has not put that out that that's acceptable.

MS. DYER: Except during this national emergency.

MS. STEWART: Right, but not permanently.

MS. GUICE: Right now, it is acceptable. This is Lee Guice. Right now, it is acceptable, and I believe that in the last TAC, we talked about that we will be changing our regulations to make that a permanent change as well.

We are nowhere near in a position at this point in time in Medicaid to make that change to the regulation and get it filed, as you already have it. You already have that permission. You can do it. You can use it.

We've done everything we can do to publicize that, we think. So, if there's something else that we need to do, just let us know and we'll see what we can do about making that more widely known.

MR. REINHARDT: Would it be helpful to speed the process along if we send you a draft of a rule change?

MS. GUICE: No, sir. I mean, that's not the holdup is drafting a rule change. The entire Cabinet has to be involved every time we make a regulation change and we're not in a position to put any other resources behind that at this moment; but you have my word, we are going to make that change.

MR. REINHARDT: I think we've heard that. We just want to make it, you know, whatever we can do to help it along, we're happy to do.

MS. GUICE: In the COVID pandemic, wear your mask, things like that. As much as you can do to help that, that will be the best thing.

MR. REINHARDT: Understood.

MS. GUICE: It's not about anything else but that. We are all completely on board with making that change and we're ready to go. We'll be ready to go with it as soon as we can. Okay?

MS. DYER: We do understand that, Lee. I think just to elaborate a little bit on some of the people that I know that have chosen not to go with what's allowed during the pandemic is

because - and Susan or Evan or Annlyn, whoever can speak up about this - but we absolutely hear what you're saying and we totally understand that.

We have helped write language or suggestions before to help along. I think that is what Evan is offering which we've done before. And we all understand resources and how we're stretched.

So, please hear us say that because we all understand that. COVID has taken over our lives in one way or the other, but what could happen is you let the non-physician practitioner do the order, sign everything for you and, then, if you have a gap somehow in that allowance at the state level, that there's not - I mean, I guess this is not even a thought on anybody's mind, but we won't have an emergency whatever declaration past - that we will have an emergency declaration past three more months or whatever, that that probably will occur.

But I think part of the gap is that people think if that goes away and there's not a regulation, you've started something that you can't keep up.

So, that's why that keeps

being on here. So, we do totally get it that everybody is stretched to the max for time, but that's why that keeps being on. It's not anything but that.

And some agencies have chosen not to allow that because they don't want to deal with any fallout if there was a year gap in going away from the emergency declaration, for instance - this is just an example - and when it actually becomes state regulation because of the confusion of that.

MR. REINHARDT: That's sort of what Susan was referencing, right, that some referral sources won't let that happen even on Medicaid referrals. Is that right, Susan?

MS. STEWART: Well, we're an agency that has taken the approach of if they push it, we'll go okay; but if it's a Medicaid, we're still kind of toying with we need a doctor unless they push us and go it's an emergency reg just for fear that on a 60-day episode, that if the emergency regs ended tomorrow and I have forty-five more days under a nurse practitioner, the fear that I wouldn't have an accurate plan of care is scary.

MS. DYER: I don't even think

it's an emergency reg, is it, to clarify. I think it was just direction that was put out but I don't think there's really an official emergency reg. Is that correct, Lee?

MS. GUICE: Right. There's no emergency reg. It is part of the waivers, the CMS waivers and emergency waivers and blanket emergency waivers and changes that they have made, that CMS has made those changes.

And I thought that they had already put out for public comment a rule change which means that they're changing their regulation, okay? But with us, those kind of changes take time for CMS as well.

So, they may be in the public comment period. I'm not sure because that's one other thing that I'm sorry to say I haven't kept up with. Can you guys hear me okay?

MS. DYER: Yes.

MR. REINHARDT: They actually made that change in statute, Lee. So, you're right. The process had started on the rule-making side. You had the emergency waiver and, then, the rule had started and, then, Congress changed the statute. So, it's been made effective via a federal statutory

change at this point. So, it is a permanent statutory change that rolls down into the CMS regs.

MS. GUICE: Right. So, all of that is happening at the federal level. We will follow suit. And, Evan, I didn't mean to say I don't want your language. If you want to send it, send it. That's not the problem.

MR. REINHARDT: No. That's fine. We don't want to do any unnecessary work either. So, if it's helpful, we're happy to do it, but if it's not----

MS. GUICE: Okay,

MS. DYER: You cut out, Lee. You said something but you just cut out.

MS. GUICE: Sorry. Don't worry about - I mean, I wouldn't worry about like not having an appropriate plan of care, and the emergency - the HHS Secretary has already said they're going to extend the emergency declaration another ninety days after July 25th. So, that's where we are with that.

MS. DYER: So, really, it's up to each agency to either accept or not accept during that time period. So, if you're reluctant to accept it - this is what I get from it - so, somebody speak

up if they understand something differently. If you're reluctant to accept that based on the chance of just what Susan said, that you have a gap in orders or you could have a gap in orders, then, that's an agency decision whether to accept that or not. Does anybody have a comment on that? Evan?

MR. REINHARDT: No. It's an agency choice at this point, but the regulation allows it to happen and based on what Lee has said here today and in the past, we will have that in the future.

So, we're obviously hopeful that we'll have an overlap between the two but it sounds like people can rely on this and just make a decision internally.

MS. DYER: So, Lee, you offered to send out communication about that again just so people are clear on it through the 90-day extension. Personally, I think that would be very helpful. I think it's just like you're saying, where you haven't really had time to keep up with the CMS statute, we're all in the same boat. So, we totally get that, but having something come out from the Cabinet probably would be helpful to reiterate that and solidify that in people's minds. Susan, would

that be helpful, Annlyn, Evan?

MR. REINHARDT: Yes, I think so. Anytime we can reinforce it. There has been just a lot of questions about it. Even just something as simple as we just want to reiterate and refer back to the FAQ sheet that was put together. It just makes it all that more helpful when it's official when it comes from the Cabinet.

And I know, again, Susan's experience and other people are still asking questions about this, so, that should be helpful if it can happen.

MS. GUICE: Okay. So, to who? Just to all home health providers?

MR. REINHARDT: Yes, that would be fine, just home health agencies just to clarify that NP & PA, that would be great.

MS. GUICE: Any chance I could send it to you, Evan, as an email and you could put it on the ListServ or whatever you have, your email listing?

MR. REINHARDT: Absolutely.

MS. GUICE: Do you have a blast that covers everybody?

MR. REINHARDT: Yes. As soon

as you get it to me, I will send it out.

MS. GUICE: Okay. Great.

MS. DYER: We appreciate that, Lee. Thank you.

So, do we want to break down the different items in Number 2, telehealth? I think we realize we have a 90-day extension on using telehealth in home health. Evan, you've been on a committee. Maybe you've been talking about that some or a bunch of you on this call probably have been.

MR. REINHARDT: On EVV, we've been talking about that portion, but telehealth, most the discussions have happened either here in the TAC or previous conversations with DMS.

MS. DYER: So, I guess the question in everybody's mind is like, Lee, you're offering and saying that you're relatively certain that there's going to be a regulation come about when people can recommend it for the non-physician practitioners to do orders for home health, that that will be in Kentucky law.

Does anybody have any update or can share any telehealth communication ongoing and forward past the 90-day extension, if there's

plans in Kentucky to try to extend that?

MS. GUICE: What I can tell you about that is, right now at least, is that we have moved into at least a place where there is some - we're at the very beginning stages of planning and talking about the kinds of things that we've learned during the beginning and the progression of the pandemic, things that we've learned, say, about telehealth because that's a great topic to show - I mean, we opened it wide open and it's been used in a lot of ways that perhaps people hadn't thought about even using it.

So, the planning is now to take a look at those pieces, some of those pieces, telehealth in particular, see what we can collect data-wise, see what was really successful - I'm losing my words here - but was really successful during the pandemic and what we may want to try to keep and any tweaks that we need to make to current regulations or State Plans.

So, it's a process and we've made a lot of changes in response to COVID and continue to do so policy-wise, system-wise and all kinds of ways.

So, like I said, we are in the

very beginning stages of that, particularly because it took the HHS Secretary until the first part of July to tell us that he was going to actually extend the state of emergency.

So, it will take a while for us to be able to put on the brakes but at least now we have the comfort of knowing that we will probably have another ninety days from July 25th and that we can plan on that.

So, I don't know what those specific items are, Billie, but I do know that telehealth is a topic that we will take a lot of care and take a much broader view of. I mean, our regulation was pretty wide open anyway, but actual usage has quadrupled, if not more.

MS. STEWART: Lee, I have a question. When you say telehealth, is that remote patient monitoring or is that just a telehealth visit?

MS. GUICE: I think that remote patient monitoring, it will probably come into the conversation under the telehealth topic.

MS. STEWART: Okay. Thank you.

MS. DYER: Because the law, the way I understand the regulation that's there now,

telehealth really, it's not in regulation for a home health agency to be able to do telehealth. And I see Pam is on the call. We know you've allowed it in Waiver and we know that you guys have allowed it on the DMS side period, of traditional home health, EPSDT Special Services, those kinds of things.

So, I'm glad it has opened all of our minds, too, actual telehealth visits like Susan is talking about - and, Evan, you may want to talk about this more because you hear from way more people - this is just my opinion from what I hear from a few people - that it has opened our minds more that it is a viable means of care delivery in at least certain circumstances so that people get some care delivery when otherwise they would not.

I mean, we're looking to expand. We chose not to use platforms that could not guarantee HIPAA here because we're real strict on that. Other people have used them and they've had good success with it.

Do you have anything to add about that, being an advocate for more use of telehealth visits like Susan is talking about, in addition to the remote patient monitoring but actually visits that are appropriate? Not everybody

is appropriate for it.

MR. REINHARDT: Right. No. I think you nailed it. The current circumstances are really emphasizing the need for it, but, then, as we look to the future, it can be such a supplemental opportunity to touch base and tell the story.

And as you guys are looking at the remote monitoring being a part of telehealth overall, what we've seen on the data side as well as the anecdotal side, it tremendously helps out, telehealth and remote monitoring, but you also see that a lot of times the patients are just lonely. I mean, loneliness is a big factor. And, so, interacting with a nurse, they very much look forward to that.

So, I think this is an opportunity and particularly in our space where our model is very much face to face and going out and interacting but, then, we can continue to deliver those services and supplement with telehealth and remote monitoring. And incentivizing agencies to be able to do that allows us to play that much more of a role in the health care landscape.

So, we really just want to advocate for the opportunity to be able to do that

because we think it can not only help individual outcomes but, in the bigger picture, given the nursing shortages and all the things we're dealing with, those resources will allow us to that much more with our current staffing levels.

So, I think we just make a big pitch for being able to continue to do that and, then, being able to get some reimbursement for remote monitoring. I know we've got budget issues and all kinds of economic considerations to make, but in our space, we just want to press as hard as we can for those because we think it will really help people.

MS. DYER: And for all services - traditional, skilled. Patient teaching probably is one of the things that comes most to my mind in the use of telehealth for traditional skilled. EPSDT Special Services, people are finding that at least a third to a half of their census, the three that I've talked to most that are doing that, they're finding that that's been effective for delivery and actually can find the people better.

So, I think those kinds of things. And in Waiver, Pam, I mean, you all have allowed really quickly telephonic. Kristen does

feel like that some of those people could manage a telehealth face to face when you cannot go in homes. So, she could speak better to that than me.

Anyway, we know not everybody - it doesn't benefit everybody but we have found and I'm sure everybody else has found that sometimes what you get on a phone call is not the real truth when you at least do a welfare check, and we've done a lot of welfare checks on Home- and Community-Based Waiver folks. Anything to add to that?

MR. REINHARDT: No. I think you covered it nicely there.

MS. DYER: Okay. So, Susan, does that answer what you brought up? That's a yes. She's not going to unmute herself to say yes. She's shaking her head.

MS. STEWART: I hear you.

MS. DYER: Annlyn, anything from you on that?

MS. PURDON: I don't have a lot to add. We are not doing very much telehealth - well, we are not doing telehealth monitoring because we don't have the equipment.

The only thing we're doing is waiver case management, we're doing by phone and

aide supervisory visits. And, then, mostly, patients don't have the equipment.

Our biggest thing on telehealth is our nurses are going out and using their laptop for the patient to have their visit with the doctor. And, then, the nurse says that the problem with that is she becomes the doctor's nurse also and it's just like, okay, now, you organize this and you organize that. They don't have an I-phone and they don't have a computer.

So, I figure that's what the stimulus money was for. So, we just do it and move on, but one day if there is reimbursement, I would love to look into the actual monitoring equipment.

MS. STEWART: And, Annlyn, you're spot on, We've done some of that. I'm in a system and we've done a lot of that where we send a clinician in to the home for a doctor that is concerned about a patient just so that he can use the ARH tablet or something so that there can be a communication with their physician. Now, we've done a lot of just helping patients through this.

MS. DYER: In all kinds of ways that we never thought about doing, I think.

MS. PURDON: Whatever you have

to do to get them taken care of.

MS. DYER: Okay. Well, last but certainly not least, and, Evan, I'm going to tag you for this. I know there is a webinar tomorrow about EVV that the Cabinet, you guys are putting on, somebody is putting on. So, do you want to lead our discussion on EVV, please?

MR. REINHARDT: Yes, sure. We put a good advocacy group together. Thanks to Pam and the Cabinet for doing that and we really have an opportunity to communicate back and forth and talk through some of the initial issues and concerns and hear from Tellus and provide feedback on all that and get some both participant webinar opportunities put together and, then, also some provider feedback opportunities.

We have a schedule continuing to meet obviously over the summer. So, that's been very helpful. I just want to say thanks to Pam and her team and the Cabinet for allowing us the opportunity to do that.

Really, at this point, from our side of things, we're trying to talk to as many EVV providers out there as we can and try to get a sort of mini conference set up so that people that

haven't made a decision yet on their EVV provider can get exposed to as many as possible. We're going to have Tellus come to the virtual annual conference and do a session at the KHCA virtual annual conference. So, a lot of touch points on this.

We've got kind of a short window to get things put together for January 1 but we're going to do as best we can to make sure everybody is prepared. I know DMS is working hard on that, too.

Pam, I don't know if you want to add anything to that but it's been a really good opportunity to get as much information out there as we can at this point and just try to meet that January 1 deadline and really before that because I think the objective was to have people up and running October, November'ish so that there's plenty of lead time.

MS. SMITH: The soft go live is end of October, beginning of November and, then, of course, mandatory is January 1. The town hall that's tomorrow is another kind of broad overview and another demo and, then, with each next town hall, they focus on a certain piece of functionality within the system.

And, then, we had our first recipient meeting last Friday. We have another one of those I think the 24th I think is the next one of those that we're going to have. It was very well-attended. We had almost 500 in that one. So, we're expecting we'll probably max out the one on the 24th, too, but we're working on the next round of updating FAQs and just getting as much information out there as possible.

MS. DYER: When is the next one for the participants?

MS. SMITH: The 24th and it's the afternoon because we did the first one in the mornings and I think we did this one in the afternoon. I believe it's a 1:00. For some reason, I don't have it on my calendar. I'll have to go back and get it. I can find it and send it out. But, then, the town hall tomorrow I think is in the morning. It's at 11:00.

MS. DYER: For some reason I thought it was at 10:00. So, that's good.

MS. SMITH: It's 11:00 to 1:00.

MS. DYER: Evan, do you get those notices even for the participants? Does Kentucky Home Care Association get those

invitations?

MR. REINHARDT: Yes, I think we do get the participant ones. Pretty much anything Kelly sends out she sends to everybody. So, we try to pass along as much as we can.

MS. DYER: That's great.

MS. HUGHES: Kelly is also sending me, Pam, a lot of communication on your all's webinars that I've sent to all the TACs and the MAC members.

MS. SMITH: Good. And, then, everything, of course, is posted on the Web. So, we're trying to really - every venue that we have or any outlet we have to send that out, we're trying to do that because I would rather people get too much information than not get the information.

MS. DYER: Absolutely. So, if you're not on that ListServ, Pam----

MS. SMITH: If you go to the EVV website, so, off of our page, the page particular to EVV, there's a link to sign up to be on the distribution list to get the EVV updates. And, then, we also try to send it out through the one that's associated to Medicaid public comment, too. I know we try to hit all of them.

MS. DYER: So, you go to the waiver site. Is that what you said?

MS. SMITH: Yes, and, then, there's a link for EVV. Let me know if you can't find it and I can send you a link directly to it, Billie, but it's pretty easy to get to it.

MS. DYER: I appreciate it. I think Kristen got it but for some reason I didn't. I have a feeling she listened anyway but we haven't had a chance to discuss it because she's off this week.

MR. REINHARDT: And that info is in one of the distributions we sent out. We sent it out this week. It's got the links for the participants and, then, how to subscribe. So, we'll be sending that stuff out, too.

MS. SMITH: Oh, and, Billie, it's out there and recorded, too. So, if you wanted to listen to it, it's out there. The recordings are out there.

MS. DYER: Okay. That might be good. And I did get your email with all that, Evan, and forwarded it to the people that needed it but just to reiterate that.

MR. REINHARDT: Sure. Pam, are

you seeing anything from HCBS providers or on the home health side?

MS. SMITH: For the most part, I think the traditional providers for the most part are on board and are excited about it. We're working through the pieces about documentation because MWMA and the direct service providers being an MWMA is happening kind of at the same time, but we're trying to look at really the documentation and how that we don't make it burdensome that you're having to do it in both places.

So, for the most part, I've heard good comments and really good questions from the home health providers. Participants are struggling a little bit on the PDS side, not so much the participants but their paid caregivers which we knew was going to happen and we were kind of ready for it. So, we're just addressing each question as they come, but we've had some really good suggestions and really good information.

It's a tight time line but I really think it's going to be so beneficial to the providers as far as helping with billing and things, too. We're working setting up the edits so that when the claim, it will go through the system, it

will go through, and, so, it can warn you if there's something potentially that's going to cause a claim to deny and all of that information. I think it will just facilitate things and make it smoother.

MR. REINHARDT: Great.

MS. DYER: Susan, Annlyn, any questions?

MS. PURDON: You said something about changes in MWMA and EVV happening at the same time for traditional or direct service providers. I'm sorry. I didn't understand what that means.

MS. SMITH: So, MWMA, we are implementing the incident report process. We're turning that back on with MWMA. And, then, we're turning on the access for direct service providers and enforcing the documentation within MWMA.

It's been in the reg the whole entire time but because there were some struggles with the first time we on-boarded providers, the DSPs into the system, there were some issues. We've worked a lot of those kinks out, MWMA. We've done a lot of work with it. There's a lot of different functionalities. So, now the direct service providers will have the ability to see the plans of care. There's actually a tool where you can see

service usage. You can see by provider and by service the last date of service a claim was billed for. You'll be able to see their goals and objectives. You'll be able to enter the direct service provider notes as well as instead of incident reports being on paper, they'll be entered through the system and there's training. I know they were starting to send out their communications I think towards the end of last week about when their trainings are going to be and how to sign up for that.

MS. PURDON: Okay. Thank you.

MS. DYER: I can see how people that aren't on an EMR, the billing, it appears on the surface, Pam, and you may already have been made aware of this, that for people who are already on an EMR, it could be very duplicative, I think. So, bear with us as we try to interface and do all those kinds of things.

MS. SMITH: And that's part of it. We have some providers that are already using EVV systems and we've already had initial discussions with the larger ones I know for sure. Everybody that has let us know, we've set up at least initial phone sessions with them and are

setting up further sessions to talk about the integration and how all of that will happen so that all the systems' people from Tellus can talk to the right systems' people from the other vendors.

The good thing is Tellus has integrated with I think so far all of them that we know of that we have providers using, they have already integrated with before. So, they have a relationship with that company. So, it hopefully is going to help that to go a little smoother.

MS. DYER: So, if we're already on an EMR - I'm not really aware of anybody in the state using an EVV already but I guess there are some - you and Evan may be aware of that. So, if we're already on an EMR and we need to talk to you directly, you're willing to set up a one-on-one with us. Is that what I'm hearing?

MS. SMITH: Yes. You can reach out and we can talk about how that would integrate with the system.

MS. DYER: Okay. Susan, Annlyn, Evan, anybody else on EVV?

MR. REINHARDT: That's everything from my end.

MS. DYER: So, there's no hope

of any further push-out? I mean, I've been having that question this morning because we've been talking about EVV here.

MR. REINHARDT: I know there was some discussion of that at the federal level. I think all the attention has been focused on sort of another round of stimulus and how that is going to work. So, I haven't heard anything further but I'll check back in and see if there's been any more discussion on that.

MS. DYER: Okay. All right. Well, Sharley, I guess we don't have to request the meeting in August, right, or do we have to request that meeting in August because it will be by Zoom?

MS. HUGHES: Yes. According to the Governor's Office direction, all currently-scheduled meetings were to be in person. So, we have to cancel those and, then, do a special-called meeting via Zoom.

MS. DYER: Okay. I appreciate all of you being on. I know I'm speaking for Evan, Susan and Annlyn, too. We really appreciate all of you being on. It's very helpful, I think, this extra meeting. This has been very good to bring together some things that we weren't clear on. Evan

has been working really hard with all of you and many of us are trying to work hard with people to make things happen and be a part of a solution with anything that we're doing and advocate for different things.

So, we'll see in August how it's going and see if we need to continue monthly meetings. As we've said, we've done that before. So, we'll put in that request.

Lee, I see you're back on. Did you have anything else to add?

MS. GUICE: I did not. I've been listening the whole time.

MS. DYER: You appeared. So, I thought you might have something else to say.

MS. GUICE: No. I just wanted to say stay safe and stay healthy.

MS. DYER: And that's our message to all of you. Thank you. This has been quite a good turnout on this call. Also for Home Health TAC meetings, this seems to be a very effective means of a meeting and very much more actually efficient overall. It's nice to come in person sometimes, too, but thank goodness, I'm trying to be thankful for Zoom.

MS. HUGHES: We might be doing them via Zoom at least to the end of the year.

MS. DYER: Well, I wouldn't doubt it if it's not longer than that, too. Thank you, Sharley. I appreciate it.

MEETING ADJOURNED